

## IPPFA 457 Deferred Compensation Plan Enrollment Application

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SECTION D. Contributions (check all that apply)		
I authorize my employer to withhold the percentage indicated below	from my compensation as defined in the plan.	
Deduct% or \$ per pay period before taxes (up	to the maximum allowed under the plan).	
This authorization is effective with the payroll period beginning	(may not be retroactive)	
This authorization supersedes any prior authorization with Diversifie	d Investment Advisors or any other co-provid	ler.
I elect not to make contributions to the plan.		
SECTION E. Beneficiary Information		
This designation will apply to the account number set forth above and, for designate a specific percentage for each beneficiary. Shares must be whol split equally among surviving beneficiaries. If the named beneficiary is a Note: If you are married and you wish to designate someone other than you Plan Administrator can confirm which rule applies): 1) If your plan require 100% to your spouse, do not complete this section, but request one of the spouse and you wish to designate less than 50% to your spouse, do not confirm No. 2227 for annuity plans or Form No. 2021 for annuity plans or Form No. 2021 plan is an annuity plan or a non-annuity plan. If you are currently receiving Counseling Unit (800-926-0044 x2700) to designate a beneficiary.	e percentages and total 100%. If you do not intrust, please specify the name and date of the four spouse as your primary beneficiary, one of res a 100% death benefit to your spouse and you two forms below; or 2) If your plan requires a mplete this section, but request one of the two 2232 for non-annuity plans. Your Plan Admin	ndicate shares, benefits will be trust, and the name of the trustee.  If the following rules apply (your ou wish to designate less than at least a 50% death benefit to your forms below. Call Diversified distrator can confirm whether your
Primary Beneficiary(ies) - Will receive benefits in the event of your dear	th.	
Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits
Contingent Beneficiary(ies) - Will receive benefits if no primary benefic	iary is living at the time of your death.	
Beneficiary Name(s) and Address(es)	Relationship	Share of Benefits
SECTION F. Signatures		
I understand that the fixed interest option(s) are available under group fixe 4 Manhattanville Road, Purchase, NY 10577 and that the other Diversified Trust. I understand that transfer restrictions may apply. I certify that the ir	I funds are available through the Diversified In Iformation provided on this application is corr	nvestment Advisors Collective
	Participant Signature	Date
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	Plan Representative Signature	Date